



City of Rochester
Building Safety Department
 2122 Campus Dr SE, Suite 300
 Rochester MN 55904-4744
 Phone: (507) 281-6133
 Fax: (507) 287-2240
www.rochestermn.gov

BUILDING Permit Application

Office Use Only	(3/05)
App. No. _____	

Date _____ Tenant/Building Name _____				
Site Address _____				
Number _____		Street _____		Suite/Unit No. _____
Subdivision and/or Addition		Block	Lot	Plat
Applicant is: <input type="checkbox"/> Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Other (describe) _____				
Owner	Name _____ Phone (____) _____			
	Last First MI			
	Address _____			
	City _____ State _____ Zip Code _____			
Contractor	Company _____ Phone (____) _____			
	Name _____ Roch. Contr. No. _____			
	Last First MI			
	Address _____ State Contr. No. _____			
	City _____ State _____ Zip Code _____ (residential only)			
Architect/ Designer	Company _____ Phone (____) _____			
	Name _____ Registration No. _____			
	Last First MI (State of MN)			
	Address _____			
Trade Contractors	City _____ State _____ Zip Code _____			
	Electrical _____ Roch. Contr. No. _____			
	Mechanical _____ Roch. Contr. No. _____			
	Plumbing _____ Roch. Contr. No. _____			
Work Category (check one)	<input type="checkbox"/> New <input type="checkbox"/> Alterations <input type="checkbox"/> Move/Relocate <input type="checkbox"/> Addition <input type="checkbox"/> Tenant Finish <input type="checkbox"/> Repair <input type="checkbox"/> Interior Demolition			
Project Description	Description of Work _____			
	No. Dwelling Units _____ No. Stories _____ Square Footage _____			
Valuation of Work (not including land)	Actual total \$ _____ Estimated total \$ _____			

PLEASE SIGN ON OTHER SIDE

I hereby apply for a building permit, and I certify that the information above is complete and accurate. The work will be in conformance with applicable laws of the State of Minnesota and ordinances of the City of Rochester, including City Sales and Use Tax Ordinance 129.25. I understand this is not a permit but only an application for a permit, and work is not to start without a permit. I certify that the work will be in accordance with all permit conditions and approved plans (in the case of work which requires a review and approval of plans).

Applicant's Signature

Date

DO NOT WRITE BELOW THIS LINE – Office Use Only

(3/05)

TYPE OF STRUCTURE

RESIDENTIAL

- ☐ R101 1 Family
☐ R102 2 Family Dwelling

☐ R104 3 & 4 Units Bldg.
☐ R105 5+ Units Bldg.
☐ R432 Deck
☐ R433 Addition
☐ R434 Alterations
☐ R430 Addition (3+ Units)
☐ R431 Alterations (3+ Units)
☐ R438 Garage
☐ R439 Garage Addition

COMMERCIAL/INDUSTRIAL

- ☐ R213 Hotel or Motel
☐ R214 Other Shelter
☐ R318 Recreational
☐ R319 Church/Religious
☐ R320 Industrial
☐ R321 Parking Garage
☐ R322 Service/Repair Station
☐ R323 Hospital/Institutional
☐ R324 Office/Bank
☐ R325 Public Works & Utilities
☐ R326 School/Educational
☐ R327 Store/Customer Serv.

COMMERCIAL/INDUSTRIAL

- ☐ R436 Addition
☐ R437 Alterations
☐ R440 Reroofing
☐ R890 Interior Demo

OTHER
☐ R450 Other Structures (res.)
☐ R328 Nonres. Bldg.
☐ R329 Other Structures (comm.)
☐ R330 Other Structures (O/S)

PARTIAL PERMITS

- ☐ R800 Phased (res.)
☐ R810 Ftg/Fdn (res.)
☐ R820 Garage Slab Only
☐ R850 Phased (comm.)
☐ R860 Ftg/Fdn (comm.)
☐ R870 Structural Shell (comm.)
☐ R880 General Const. (comm.)
☐ R890 Interior Demo (comm.)

ZONING REVIEW COMMENTS

- ☐ Site Plan
☐ Surveyor's Certificate
- Zoning District _____
Flood District _____
- Flood Protection Required _____
Flood Protection Elev. _____

Comments: _____

Final Zoning Review Required ☐ Yes ☐ No

Zoning Approved by: _____ Date: _____

GENERAL INFORMATION

Area No.	Occupancy Type	Construction Type	Square Footage
1			
2			
3			

No. Dwelling Units _____
No. Stories _____
No. Tenant Spaces _____
Finish Floor Elev. _____
Lowest Floor Elev. _____

☐ Privately owned ☐ Publicly owned

FEE PARAMETERS

Calculated Valuation \$ _____
☐ Plan Check Fee
☐ Permit Fee
☐ MN Surcharge
☐ Drive Approach
☐ Investigative Fee
☐ Zoning Fee
☐ _____

☐ Residential Fees
(1 & 2-family dwellings)
☐ Commercial Fees
(all other)

REQUIRED INSPECTIONS

☐ Footing
☐ Foundation
☐ Slab or Under-floor
☐ Framing
☐ Insulation
☐ Lath and/or Gyp. Bd.
☐ Firestopping
☐ Final

☐ Special Inspections
☐ _____

Comments: _____

Permit Approved by: _____ Date: _____